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## BIB DATA SHEET

CONFIRMATION NO. 9696

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/755,428	01/12/2004 RULE	606	3734	2331CON2 (203-2539CON2)	
<b>APPLICANTS</b> Roberto Pedros, Seymour, CT; Keith Ratcliff, Newtown, CT; John C. Robertson, Chesire, CT;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/883,427 06/18/2001 PAT 6,676,685 which is a CON of 09/503,510 02/14/2000 PAT 6,248,124 which claims benefit of 60/121,114 02/22/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/27/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/CHRISTINA DANIELLE GETTMAN/</u> Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance Initials _____	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Covidien 60 Middletown Avenue North Haven, CT 06473 UNITED STATES					
<b>TITLE</b> Arterial hole closure apparatus					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		